

Original  
copy

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

DANIEL RICE

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York  
New York City Police Dept.

John Doe #1  
John Doe #2

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Daniel Rice  
ID # 900-17-00053  
Current Institution North Infirmary Command  
Address 1500 Hazen Street East Elmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

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SDNY DOCKET UNIT  
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COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☐ Yes ☐ No  
(check one)

Defendant No. 1 Name John Doe #1 Shield # \_\_\_\_\_  
 Where Currently Employed 40 Precinct  
 Address 257 Alexander avenue  
Bronx, New York Mott Haven

Defendant No. 2 Name John Doe Shield # \_\_\_\_\_  
 Where Currently Employed 40 Precinct  
 Address 257 Alexander avenue  
Bronx, New York Mott Haven

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? In front of the 40th Precinct as plaintiff was being escorted to N.Y.C. police van on his way to Central Bookings, he was dropped from wheelchair.
- B. Where in the institution did the events giving rise to your claim(s) occur? \_\_\_\_\_

- C. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_  
Occurrence; January 21, 2017 at approximately 9:30pm

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

D. Facts: As Plaintiff was leaving the 40th Precinct, he advised the two police officers carrying him down the stairs to be careful. The police officers did not listen and subsequently dropped plaintiff from his wheelchair. As the two officers began lifting plaintiff back in his wheelchair, they dropped him again. Plaintiff complained that his neck and back was hurting but to no avail, the policemen just stated to him that he was fine. Nevertheless, plaintiff arrived at Central Bookings and promptly notified E.M.S. there of the occurrence. They informed officers that i needed to go to the emergency room. The both officers stated to plaintiff to go to court first and then they would take him to the hospital. However, plaintiff never recieved any medical treatment for his injuries until his arrival at Rikers Island. During the transportation to Rikers Island, plaintiff injuries became worst.

Please note: E.M.S. did not provide medical treatment to plaintiff, they only avised him that he needed to go to emergency room.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. sustained injuries to neck and back. No xrays was provided at Rikers Island; the plaintiff has only been given Motrin. He continue to complain of the injuries sustained to date.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

\_\_\_\_\_

\_\_\_\_\_

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_ No \_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_ No \_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

\_\_\_\_\_

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

\_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

\_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Plaintiff is asking for \$700,000 dollars in Monetary compensation, along with \$200,000 dollars in Punitive Damages. Plaintiff also request that both officers be reprimanded for their actions.

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On  
these  
claims

**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_ No \_\_\_\_

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_ No \_\_\_\_

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21 day of April, 2017.

Signature of Plaintiff

Daniel Rice

Inmate Number

9001700053

Institution Address

NORTH INFIRMARY COMMAND  
1500 HAZEN ST  
EAST ELMHURST, N.Y. 11370

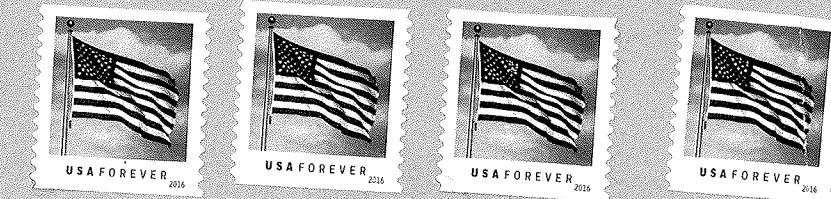
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 21 day of April, 2017, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Daniel Rice

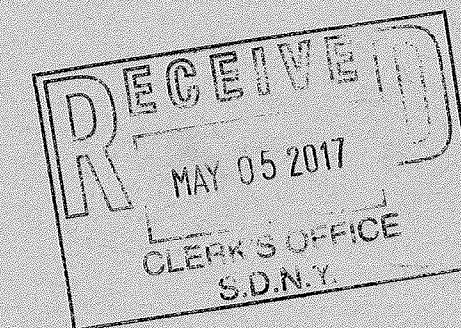
DANIEL RICE  
North INFIRMARY COMMAND  
1500 HAZEN STREET  
EAST ELMHURST, N.Y. 11370  
ID# 900-17-00053



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Pro Se Intake  
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To: UNITED STATES District Court  
SOUTHERN District of NEW York  
U.S. COURT HOUSE  
500 PEARL STREET  
NEW YORK, NY 10007-1312